

Name: _____ **SS #:** _____
 Last *First* *MI*

Department: _____ **Classification:** _____

Work Location: _____ **Work Phone:** _____

E-Mail Address: _____

Record Of Completion	
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<u>Course</u>	<u>Date Taken</u>
1)	
2)	
3)	
4)	
5)	
6)	
7)	
8)	
9)	
10)	

Citizen's Aide/Ombudsman (RM 010)	Legislative Process in Iowa Government (GI 144)
Contested Cases (RM 008)	Open Records/Public Meetings (RM 011)
Electronic Code Research (RM 005)	Overview of State Government Finances (MC 311)
Ethics for the Rule Maker (RM 009)	Rule Writing Style (RM 003)
Executive Orders Relating to Rulemaking (RM 006)	Statutory Construction and Legal Drafting (RM 002)
Introduction to Administrative Law (RM 001)	The Rulemaking Process (RM 004)
Judicial Rule Review (RM 007)	

Employee Signature	Date	Department Director Signature	Date
Supervisor Signature	Date	Training Liaison Signature (State Employee Only)	Date

State Employees: Your agency's Training Liaison
Non-State Employees: PDS Training, DAS-HRE, Fax: (515) 242-5152, Phone: (515) 281-5456

For PDS Use Only: Confirmed: _____ Courses Valid Since: _____ Completion Date By: _____ Certificate Sent: _____		
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